

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$454.25 for dates of service, 07/24/01, 09/28/01 & 10/28/01.
- b. The request was received on 05/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB(s)
 - d. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: No response statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/24/01, 09/28/01 & 10/28/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$855.00 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$400.75 for services rendered on the above dates in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$454.25 for services rendered on the above dates in dispute.
6. The Carrier's EOB(s) deny reimbursement as, "M – REDUCED TO FAIR AND REASONABLE." and ">DISALLOWED: INCLUDED IN VISIT/PROCEDURE RENDERED ON THIS DAY."
7. There is no medical documentation in the file to support that services were ordered by the treating physician.
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/24/01	E1399	\$215.00	\$0.00	"Disallowed"	No MAR	TWCC Rule 133.307 (g) (3)	Pursuant to TWCC Rule 133.307 (g) the Requestor was notified to submit additional medical documentation on 06/10/02. The Requestor did not submit the required information. No additional reimbursement is recommended.
07/24/01	E1399	\$50.00	\$0.00	No EOB	No MAR		
09/28/01	E1399	\$295.00	\$150.00	M	No MAR		
10/28/01	E1399	\$295.00	\$250.75	M	No MAR		
Totals		\$855.00	\$400.75				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 1st day of February 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt